

SECTION I: TO BE COMPLETED BY PAROLEE OR PAROLE AGENT IF NEEDED

CDC Number:		Print Name (Last, First, MI):		Moniker (Street Name):	
MEDICAL PAROLEE			Parole Unit:		Assigned Parole Agent:
Released To Medical Parole (MP) From:			MP Release Date:	EPRD Date:	Date Seen By AOR:
Name Of Facility Or Residence:					Residence Telephone Number:
Address:					Contact Person:
Security Gate? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A			Security Code? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A		Dogs? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A Dangerous? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Means Of Support					Telephone Number:
Emergency Contact/Conservator/Legal Guardian (Name, And Address):					Telephone Number:
Released With Medication(s)? (List All)					
Prescription Medication(s): (List All)					
Driver's License Number:			State ID Card Number:		Social Security Number:
Height:	Weight:	Eye Color:	Hair Color:	Place Of Birth:	
Parolee's Signature: (Or representative, if available)				Date Signed:	

SECTION II: TO BE COMPLETED BY PAROLE AGENT

<input type="checkbox"/> EXPLAINED CONDITIONS AND PROVIDED COPY <input type="checkbox"/> EXPLAINED SPECIAL CONDITIONS? <input type="checkbox"/> REGISTRATION? If yes, circle: PC 290 / H&S 11590 / PC 457.1 / PC 186.30 <input type="checkbox"/> TESTING INSTRUCTIONS EXPLAINED (IF REQUIRED)? <input type="checkbox"/> EXPLAINED APPEAL RIGHTS (CDCR 602 / CDCR 1824)? <input type="checkbox"/> EXPLAINED PAROLE SEARCH POLICY?	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> DIGITAL PHOTO TAKEN/UPDATED? <input type="checkbox"/> SCARS, MARKS AND TATTOOS PHOTOGRAPHED? <input type="checkbox"/> PC 3058.8 VICTIM NOTIFICATION REQUIRED? COMPLETED? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, Date: _____ <input type="checkbox"/> PC 3058.6 NOTIFICATION REQUIRED? COMPLETED? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, Date: _____ <input type="checkbox"/> COPY TO SUPPORT STAFF TO UPDATE CAL PAROLE?	<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES
Comments: (Explain any "NO" answers from above in this section.)			
Parole Agent's Name (Print or Type):		Parole Agent's Signature:	
Badge Number:		Date Signed:	